

LETTER OF VERIFICATION RESULTS AND ADVERSE ACTION

Child(ren)'s Name(s): _____

School: _____ Date: _____

Dear _____:

We have completed verification of your child(ren)'s eligibility. Starting _____
(10 calendar days from the date sent)
your child(ren)'s eligibility for meal benefits will be:

____ Changed from free to reduced price because your income is over the allowable amount. The reduced price charge is ____ cents for lunch and ____ cents for breakfast. You must tell the school when your household income increases by more than \$50 per month (\$600 per year) or when your household size decreases.

____ Stopped for the following, reason(s):
____ your income is over the allowable amount for free and reduced price meals;
____ you did not provide proof of current eligibility. The following information is missing:
____ records show that you are not receiving food stamps / TANF at this time.

Starting immediately your child(ren)'s eligibility for meal benefits will be:

____ Changed from reduced price to free because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost. You must tell the school when your household income decreases by more than \$50 per month (\$600 per year) or when your household size decreases.

If you are not eligible for benefits now but have a decrease in household income, become unemployed or have an increase in the size of your household, you may fill out a form at that time to reapply for benefits.

If you do not agree with the decision, you may discuss it with _____ You also
(verifying official)
have the right to a fair hearing. If you request a hearing by _____, your child(ren) will continue to
(date)
receive _____ until the decision of the hearing official is made. You may request a fair
(free or reduced price meals)
hearing by calling or writing the following official:

Name: _____

Address: _____

Telephone number: _____

Sincerely,

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